

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH 550

1. County of YavapaiDistrict of London

Town of _____

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

Co. Registrar No. _____

Local Registrar No. 7

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Earl *Report follows*

If child is not yet named, make supplemental report, as directed

3. Sex of child Female
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? Yes7. Date of birth 9, 29, 30 (Month, day, year)8. FATHER
Full name Walter Dodd Harris14. MOTHER
Full maiden name Sarah Rebecca Prindle9. Residence (Usual place of abode)
If nonresident, give place and State London Ariz.15. Residence (Usual place of abode)
If nonresident, give place and State London Ariz.10. Color or race White11. Age at last birthday 48 (Years)16. Color or race White17. Age at last birthday 38 (Years)12. Birthplace (city or place)
(State or country) Lavaia N. Mex.18. Birthplace (city or place)
(State or country) Pinedale Ariz.13. Occupation
Nature of Industry Farmer19. Occupation
Nature of Industry Hanceville20. Number of children of this mother
(Taken as of time of birth of child here-
in certified and including this child.)(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lottie M. Webb

(Physician or midwife)

Address Pinedale Ariz.Given name added from
a supplemental report _____

(Month, day, year)

Filed Oct 4, 1930 At Rogers

Local Registrar.

Registrar.

Filed _____, 19 _____

County Registrar.

382-929-233

the number of each, in order of birth, stated.